

**AMAZING
THINGS
ARE
HAPPENING
HERE**



Alternative Tobacco Products: Overview, Regulations and Use in NYC

January 11, 2017

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Current Cigarette Smoking Among U.S. Adults Aged 18 Years and Older

Sex	Prevalence
Men	16.7%
Women	13.6%

Race/Ethnicity	Prevalence
American Indian/Alaska Natives (non-Hispanic)	21.9%
Asians (non-Hispanic)	7.0%
Blacks (non-Hispanic)	16.7%
Hispanics	10.1%
Multiple Races (non-Hispanic)	20.2%
Whites (non-Hispanic)	16.6%

Source: CDC

NYC

- New York City's Adult Smoking Rate Climbs
- Adult Smoking Rate Has Risen to 16.1% From All-Time Low of 14% in 2010

Source: Wall Street Journal

Lighting Up

Percentage of adults who smoke



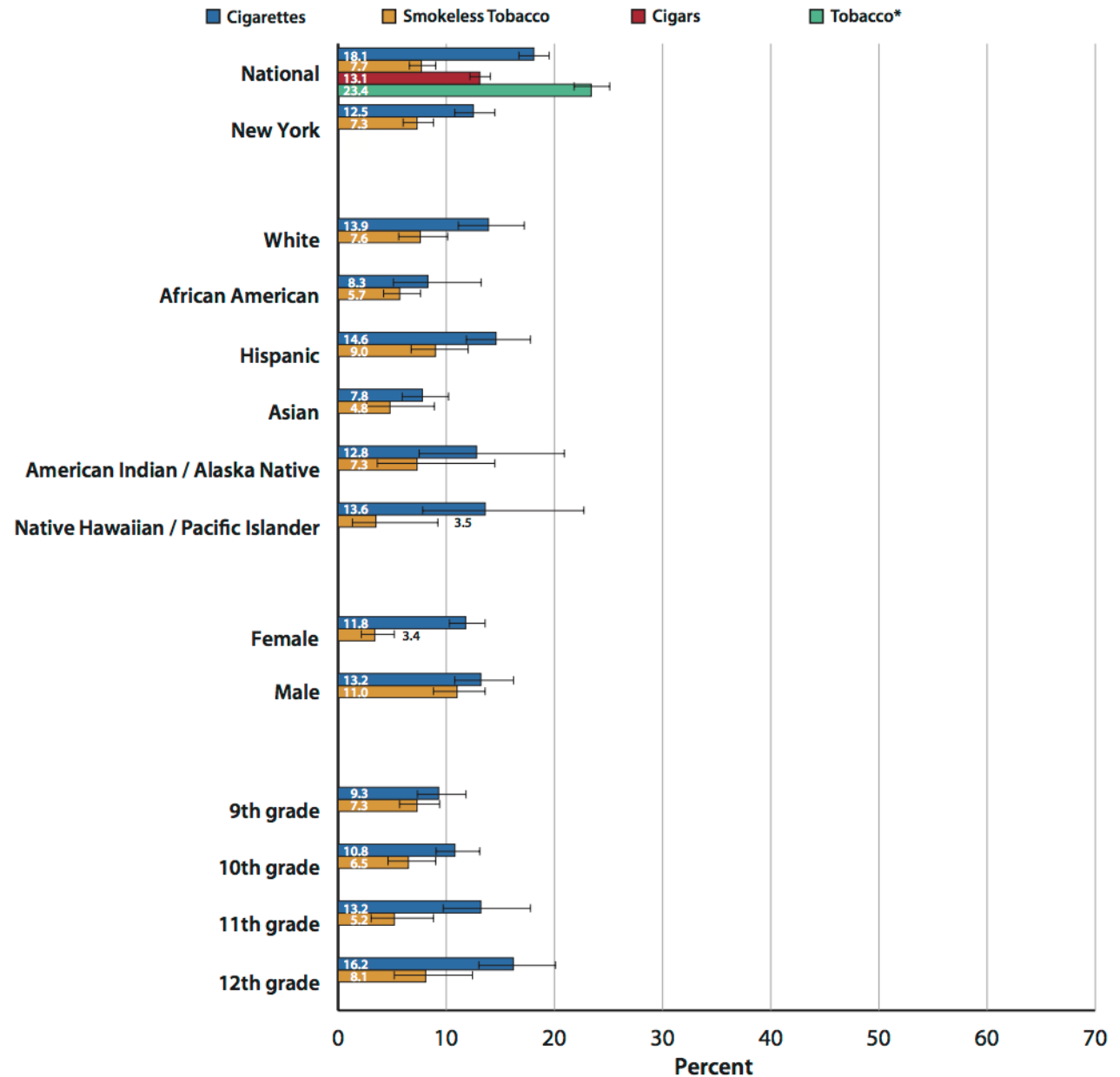
Sources: New York City Department of Health and Mental Hygiene; Centers for Disease Control and Prevention (U.S.)

The Wall Street Journal

Tobacco Use by High School Students by Demographic Overview

Hispanics have highest cigarette and smokeless tobacco use.

Tobacco Use among High School Students by Demographic Characteristics

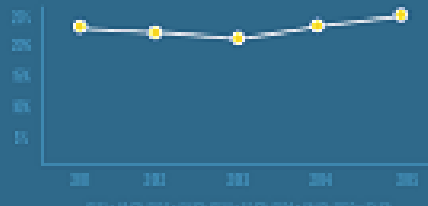


* Cigarettes, smokeless tobacco, and/or cigars

*** Sample size <100

Source: Youth Risk Behavior Survey, 2011 ⁴

There has been **no significant change** in **overall tobacco use** among high school students since 2011.

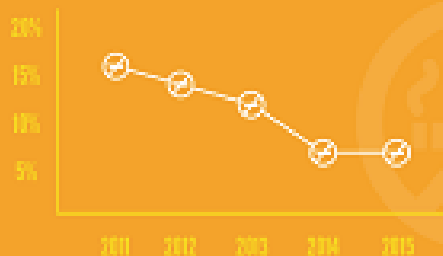


3 million middle and high school students were **current users** of **e-cigarettes** in 2015

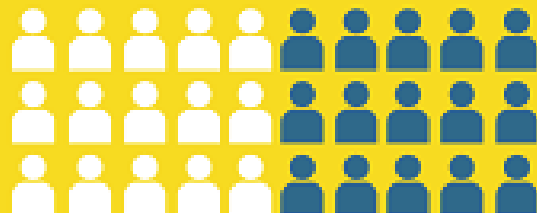


up from
2.46 million
in 2014.

There was a **significant decrease** in current **cigarette use** among high school students from 2011–2015

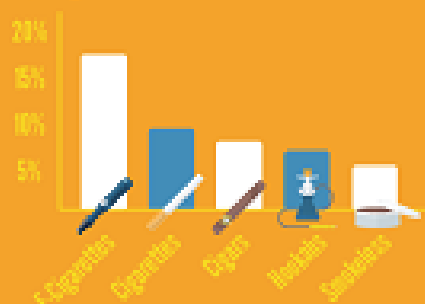


2011 – 16.8%, 2012 – 14%, 2013 – 12.7%, 2014 – 9.2%, 2015 – 9.3%



About half of middle school and high school students who used tobacco products in 2015 were current users of **two or more tobacco products**.

Current use of tobacco products by high school students in 2015



**YOUTH USE OF TOBACCO
IN ANY FORM IS UNSAFE.**

bit.ly/YouthTobaccoUse



Tobacco Use Among Middle And High School Students-United States, 2011-2015

(Source: CDC)

Tobacco Use Among High School Students - 2015

Tobacco Product	Overall	Females	Males
Any tobacco product†	25.3%	20.3%	30.0%
Electronic cigarettes	16.0%	12.8%	19.0%
Cigarettes	9.3%	7.7%	10.7%
Cigars	8.6%	5.6%	11.5%
Hookahs	7.2%	6.9%	7.4%
Smokeless tobacco	6.0%	1.8%	10.0%
Pipes	1.0%	0.7%	1.4%
Bidis	0.6%	0.4%	0.9%

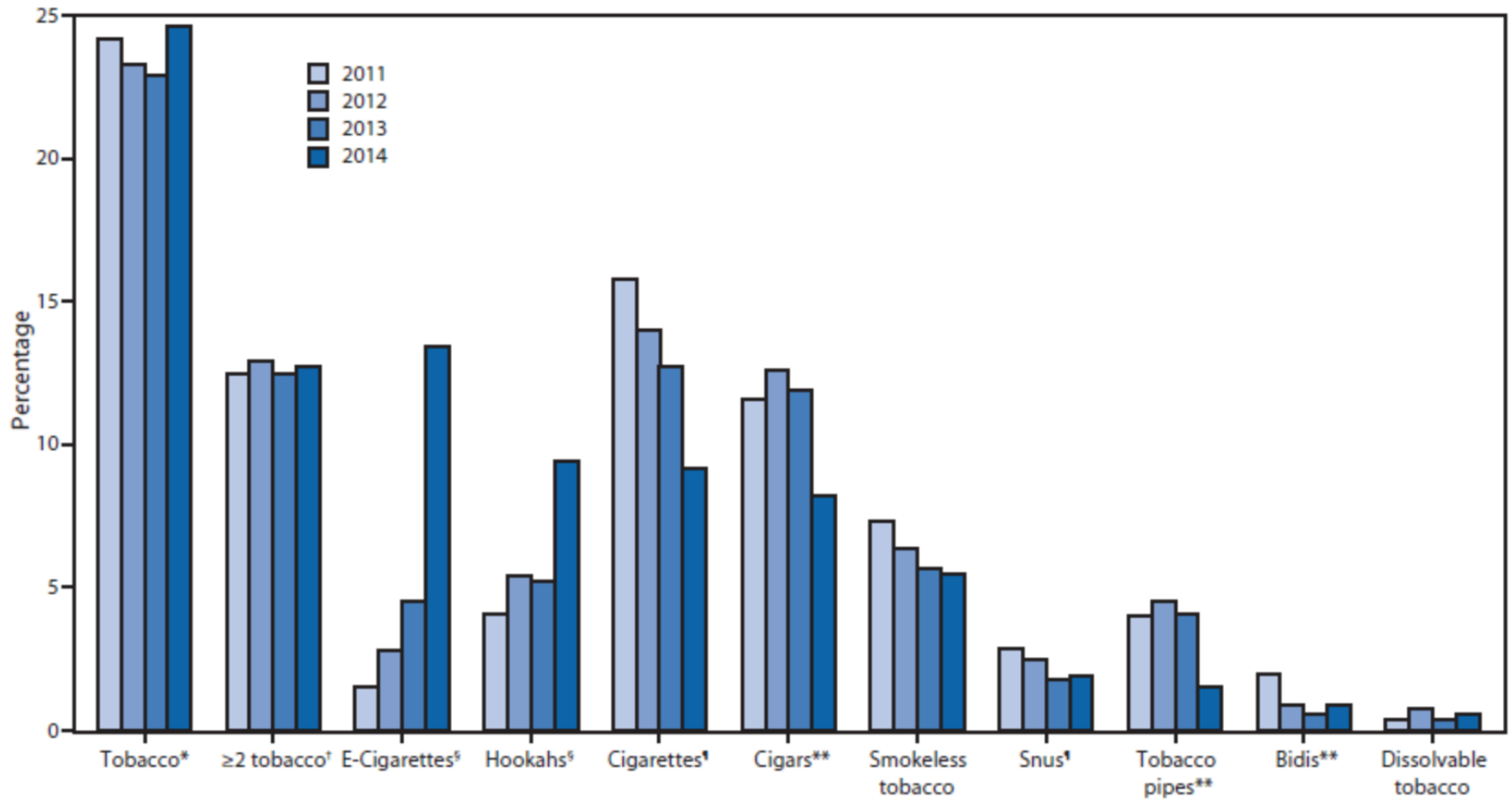
Source CDC

Tobacco Use Among Middle School Students - 2015

Tobacco Product	Overall	Females	Males
Any tobacco product†	7.4%	6.4%	8.3%
Electronic cigarettes	5.3%	4.8%	5.9%
Cigarettes	2.3%	2.2%	2.3%
Hookahs	2.0%	2.0%	1.9%
Smokeless tobacco	1.8%	1.1%	.5%
Cigars	1.6%	1.4%	1.8%
Pipes	0.4%	-	-
Bidis	0.2%	-	-

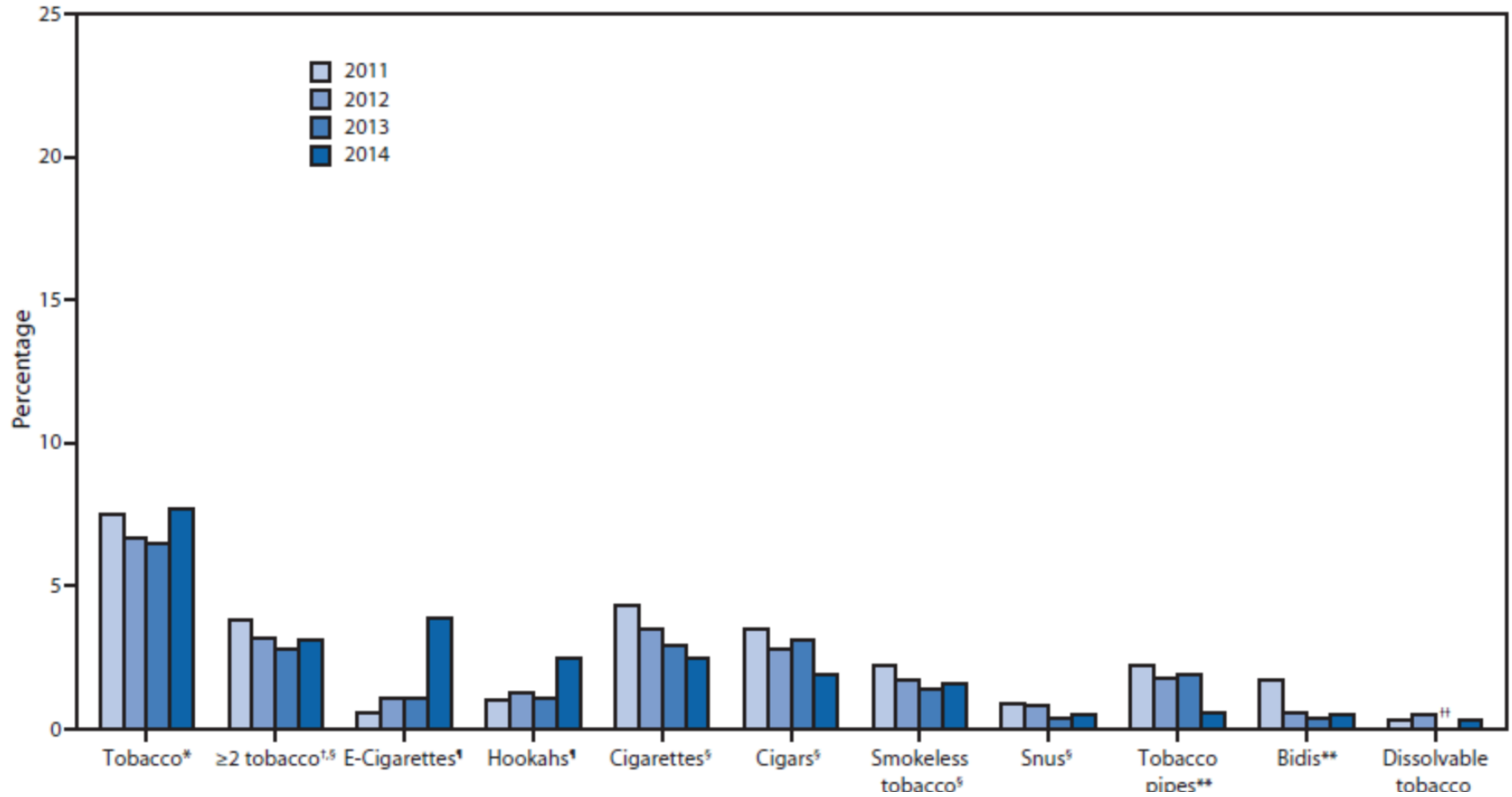
Source CDC

Estimated percentage of high school students who used tobacco in the preceding 30 days, by tobacco product — National Youth Tobacco Survey, United States, 2011–2014



Source CDC

Estimated percentage of middle school students who used tobacco in the preceding 30 days, by tobacco product — National Youth Tobacco Survey, United States, 2011–2014



Source CDC

Adolescent Addiction

- Youth tobacco use is associated with several risk factors including:
 - parents who smoke
 - friends who smoke
 - 90% of young smokers indicate that a close friend also smokes
 - comorbid psychiatric disorders
 - anxiety, attention deficit disorder (ADD), substance abuse
 - weight concern

Source: Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health. Atlanta (GA): [Centers for Disease Control and Prevention \(US\)](#); 2012.

Adolescent Addiction

- The pattern of nicotine dependence among youth does not parallel the smoking uptake continuum observed for adult smokers
- Compared with adult smokers, adolescents are less likely to smoke daily or with regularity, and adolescent daily smokers smoke fewer cigarettes
- While among adults, dependence can take several months to a year, findings suggest that dependence occurs much more rapidly in adolescence

Source: Campaign for Tobacco Free Kids

Tobacco and Health

- Tobacco's deleterious health effects include its causal relationship with a number of cancers, cardiovascular diseases, respiratory diseases, and reproductive complications
- Cigarette smoking during adolescence reduces the rate of lung growth and the level of maximum lung function
- Smoking by children and adolescents is also associated with an increased risk for early atherosclerotic lesions and increased risk factors for cardiovascular diseases



Cigars

- Occasional cigar smoking may pose serious health risks
- There is increased risk for periodontal disease, which can lead to tooth and alveolar bone loss
- Risk of lung cancer and heart disease may be the same as that of cigarette smokers, but only for heavy users and users who inhale

Smokeless Tobacco

- The health risk associated with smokeless tobacco use is high and it is believed that the use of smokeless tobacco may increase the risk of taking up smoking
- Smokeless tobacco use is associated with loss of taste, periodontal disease, stained teeth, altered sense of smell, and intraoral lesions

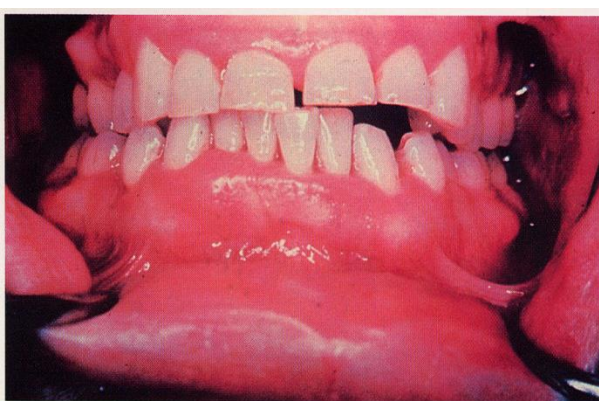


Figure 18—Labial
Tooth abrasion, localized

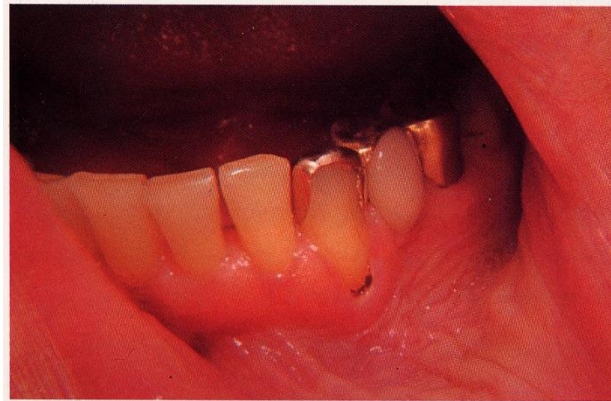


Figure 20—Labial, lower cuspid
Focal gingival recession



Figure 19—Labial
Tooth abrasion, extensive

Snus



E-Cigarettes

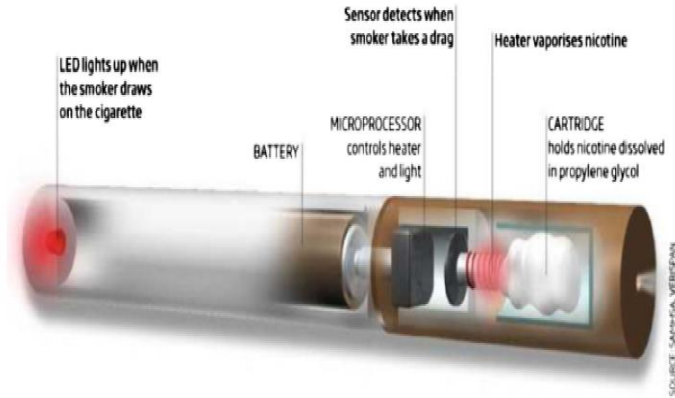
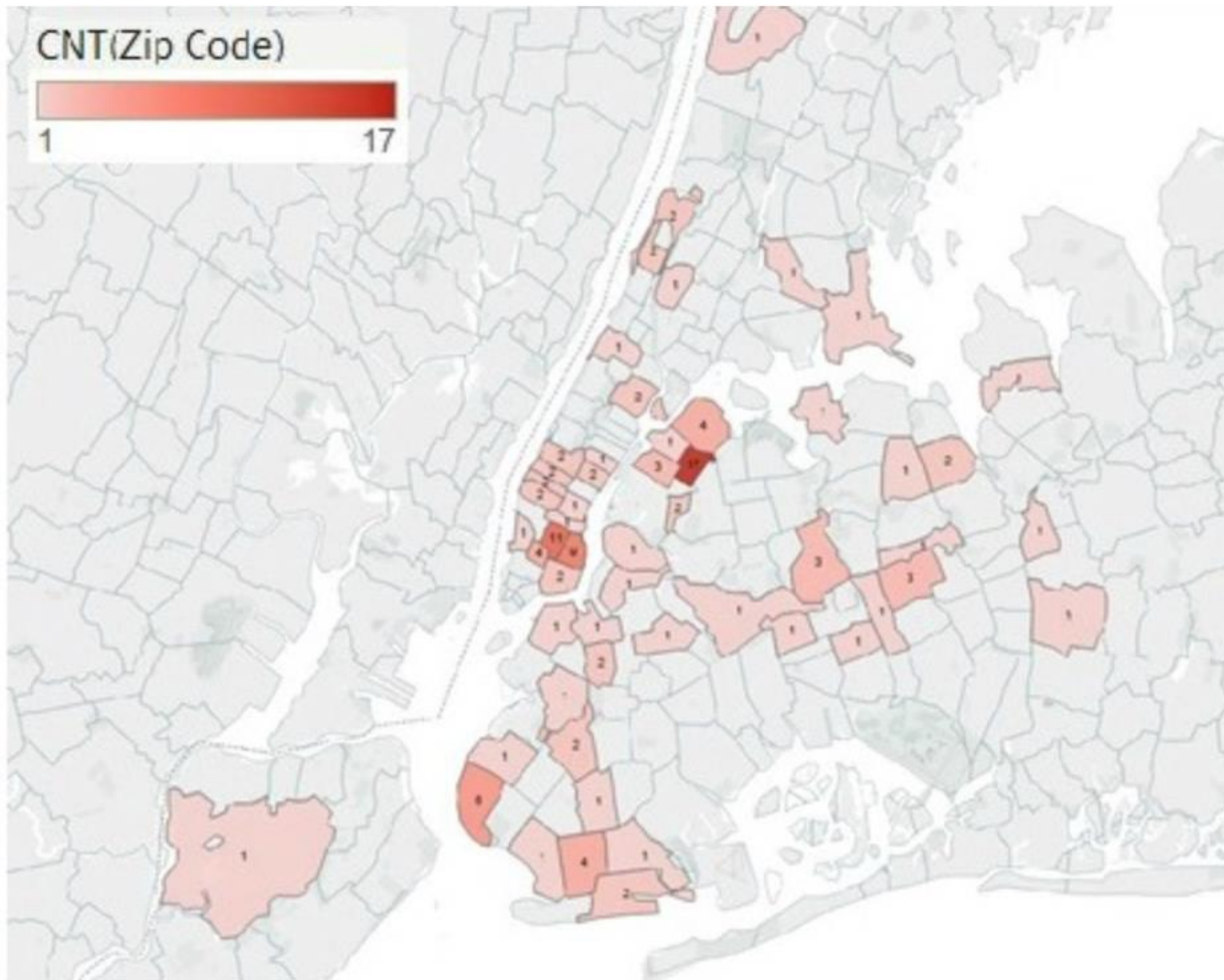


Figure 2 Structure of a standard entry model electronic-cigarette (e-Cigarette). The e-Cigarette is a battery-powered electronic nicotine delivery device (ENDD) resembling a cigarette designed for the purpose of providing inhaled doses of nicotine by way of a vaporized solution. The product provides a flavor and physical sensation similar to that of inhaled tobacco smoke, while no smoke or combustion is actually involved in its operation. It is composed of the following key components: (1) the inhaler – also known as ‘cartridge’ (a disposable plastic mouthpiece - resembling a tobacco cigarette’s filter containing an absorbent material saturated with a liquid solution of propylene glycol and vegetable glycerin in which it may be dissolved nicotine); (2) the atomizing device (the heating element that vaporizes the liquid in the mouthpiece and generates the mist with each puff); (3) the battery component (the body of the device - resembling a tobacco cigarette – which houses a lithium-ion re-chargeable battery to power the atomizer). The body of the device also houses an electronic airflow sensor to automatically activate the heating element upon inhalation and to light up a red LED indicator to signal activation of the device with each puff. The LED indicator also signals low battery charge.

- Lead to use of nicotine and/ other tobacco products by youth and non-tobacco users
- Are used by pregnant women
- Lead former smokers to relapse to nicotine use or use of other tobacco products
- Delay complete smoking cessation among current smokers
- Result in nicotine poisonings
- Expose nonusers to second hand aerosols

Tracking Hookah Bars - NYC

- Source: JMIR Public Health Surveill. 2015 Jul-Dec; 1(2): e19



Regulation of Alternative Tobacco Products – NYS

- **Electronic cigarettes are included in the Smoke-Free Air Act. They are not allowed where smoking is prohibited, including bars, restaurants, offices, parks, and beaches. Retailers cannot sell tobacco products and electronic cigarettes to anyone under 21.**
- **The state's Clean Indoor Air Act (CIAA) prohibits smoking in indoor public places and places of employment.**
 - **Its definition of “smoking” prohibits “the burning of . . . any matter or substance that contains tobacco.” This includes burning tobacco in hookahs.**
 - **HOWEVER, Hookah bars still exist in New York, often claiming to fall under an exception to the CIAA.**
 - **Some incorrectly assert that, because there's no specific reference to “hookahs” in the legislation itself, the Clean Indoor Air Act does not apply to hookah bars**

Regulation of Alternative Tobacco Products - NYS

- **ADOLESCENT TOBACCO USE AND PREVENTION ACT (ATUPA)** applies to all hookah bars, even if they are exempt under the CIAA.
 - ATUPA applies to any business selling tobacco, herbal cigarettes, rolling papers, or pipes and prohibits the sale of such products to people less than 18 years of age.
 - First-time violators are fined, and those who have violated the law multiple times can lose their license to sell tobacco products.

(Source: tobaccopolicycenter.org)

Regulation of Alternative Tobacco Products - FDA

- It extends the FDA's regulatory authority to all tobacco products, including:
 - e-cigarettes—which are also called electronic cigarettes or electronic nicotine delivery systems (ENDS)
 - all cigars (including premium ones)
 - hookah (also called waterpipe tobacco)
 - pipe tobacco
 - nicotine gels
 - dissolvables that did not previously fall under the FDA's authority.
- The FDA expects that manufacturers will continue selling their products for up to two years while they submit—and an additional year while the FDA reviews—a new tobacco product application.

Source: FDA.gov

Regulation of Alternative Tobacco Products - NYC

- Prohibits retailers from selling cigarettes, cigars, chewing tobacco, powdered tobacco, other tobacco products or electronic cigarettes to customers under age 21.



Source: NYC.gov

Smoking in Restaurants, Including Use of E-Cigarettes and Hookah Pipes - NYC

- Smoking tobacco products or e-cigarettes is banned in restaurants except in 25 percent of any outdoor seating, as long as the designated smoking area is separated from any other dining areas by three feet and not under an overhang, canopy or other similar structure.
- Smoking tobacco in a hookah bar is not permitted.

Sale of Flavored Tobacco Products

- NYC does not allow retailers to sell tobacco products with a flavor, including any fruit, dessert, alcoholic beverage, herb, or spice, except for tobacco, menthol, mint or wintergreen.
- *Loosies- Out-of-package sales of any tobacco product, including cigarettes and cigars, are not allowed.*



Prevention

- **First use of tobacco usually begins in adolescence it is important that steps are taken to dissuade the adolescent from initially trying tobacco products, and from subsequently developing a lifetime of addiction to nicotine**
- **if middle and high school students can be encouraged not to commence tobacco use, there is an increased chance that they will never use tobacco and will remain free of tobacco for life**

Source: Campaign for Tobacco Free Kids

Conclusions

- Use of tobacco and nicotine pose known harms for youth
- YOUTH should NOT USE a tobacco product regardless whether its combustible, noncombustible or electronic
- Nicotine is highly addictive
- Nicotine exposure may harm the developing adolescent brain
- Alternative tobacco product use by youth could also cause harm if it leads to use of other tobacco products

Source: CDC

Referrals to NYPH Tobacco Cessation Clinics

Medicaid patients in NYPH accepted Programs



For more information call:
(646) 317-QUIT (7848) or
email: quittobacco@nyp.org

Tobacco Treatment Specialist/Nurse Practitioner
Anny Eusebio, DNP, FNP-BC
Email: aeusebio@nyp.org

Tobacco Treatment Services can be found in multiple locations throughout the Ambulatory Care Network.

To make an appointment, ask your doctor, nurse, or patient financial advisor (PFA) or call (866) 463-2778.

 **NewYork-Presbyterian**
Ambulatory Care Network

nyp.org/acn



Tobacco Treatment Outpatient Services

QUIT
SMOKING

*Quality of life improves
Use less, then stop
Improve your lungs and health
Together we succeed*

— Dr. Anny Eusebio

 **NewYork-Presbyterian**
Ambulatory Care Network



Why Do I Need Help?

We know smoking is bad for our health. The thousands of chemicals and toxins in cigarettes cause damage to our health, our bodies.

Nicotine makes it very hard to quit. You don't have to do it alone.

What is offered?

- Individual counseling
- Group counseling
- Prescriptions
- How to use patches and other products
- Someone to call
- Someone who follows up on you

We will...

- Provide you with treatment options that work for you
- Notify you of community resources
- Assist you with decisions about treatments
- Get you the help you need to quit
- Work with your doctor/provider
- Answer your questions
- Give you assistance to avoid starting again

You will...

- Work with us to help you
- Keep trying and not give up
- Make and keep your appointments

It's Never Too Late To Stop!

When you stop, your body begins to repair itself immediately.

- **Within 20 minutes:** Your heart rate calms down.
- **Within 8 hours:** There is more oxygen in your blood. Mucous begins to clear out of your lungs making breathing easier.
- **Within 24 hours:** Your chance of heart attack decreases.
- **Within 48 hours:** Things smell and taste better.
- **Within 3 months:** Your blood circulation improves and your body is better able to fight infection.
- **Within 9 months:** You have less sinus congestion, wheezing, and shortness of breath.
- **After 1 year:** Your risk of dying of a heart attack is cut in half.
- **After 5 years:** Your risk of having a stroke is much less.
- **After 10 years:** Your risk of having lung cancer is cut in half.

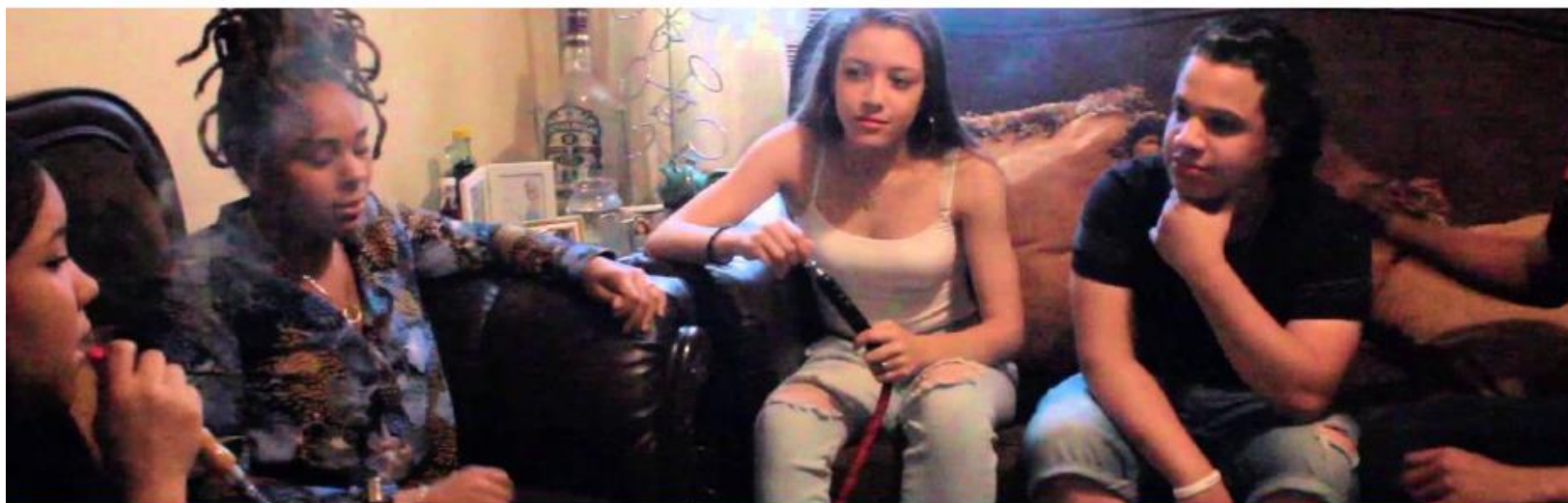
Adapted from the NHS Department of Health



#HOOKAHFACTS

A YOUTH LED EDUCATIONAL CAMPAIGN

KATHERINE DIAZ,
PROGRAM DIRECTOR



DWDC.ORG



DWDC

IS TO EMPOWER ALL COMMUNITIES TOWARDS
GENDER EQUALITY AND SOCIAL JUSTICE.

THROUGH A UNIQUE APPROACH OF ADVOCACY AND
DIRECT SOCIAL SERVICES, WE WORK WITH OVER
1000 FAMILIES PER YEAR.

OBJECTIVES

- Learn of attitudes and experiences of youth who engage in hookah smoking
- Explore tools and approaches in addressing hookah usage among adolescents
- Identify key methods and messaging in integrating youth in tobacco cessation projects





Uptown's Voices

is a summer youth leadership development and mobilization project. They receive training and the tools to identify and build solutions through media on youth issues.



50

applications to participate

6

youth between ages 16-18
selected

6

weeks to train, implement,
and present the campaign

FRAMEWORK

Health and Human Rights,
Reproductive Justice Model,
Harm Reduction



COMMUNITY ORGANIZING

How to identify an issue, framing
and demands, power analysis, and
campaign planning



MEDIA AND FILM TRAINING

Video as a tool, camera operation,
shot compositions, story
development, production
assignments, and editing





Community Surveys

- 75 street surveys from 181st Street to 207th Street across avenues were conducted
- Residents were asked: What are the issues impacting this community the most? How are they affected by them?
- Overwhelmingly, hookah and smoking in general was a concern for adults over the age of 30.

95%

smoke hookah

reasons reported include:

Social Gatherings

Trendy

Relaxation

Flavorful

Boredom

Harmless

40%

smoke daily averaging 3
hours or more per session

44%

reported smoking for
a physical and emotional
feeling described as "a high"



#HOOKAHFACTS

- Higher and longer intake of smoke in lungs
- Carbon monoxide and chemicals released from charcoal
- Little research and regulations on added flavorings
- Nicotine
- Oral transmissions
- Second hand smoke impact

EDUCATIONAL CAMPAIGN

HARM REDUCTION APPROACH

STRATEGIC MESSAGING

2 WORKSHOPS

ENGLISH/SPANISH VIDEO SHORTS

#HookahFacts

**HOOKAH
AFFECTS
DEEZ NUTZ**

Hookah Consumption = Sperm Reduction

@UVHookahFacts



**EVERY PUFF
MAKES LIVING
TOUGH**



The average Hookah session is about an hour.

1 hour
=
200 cigarettes

Affects sperm fertility.

Causes miscarriages and premature birth.


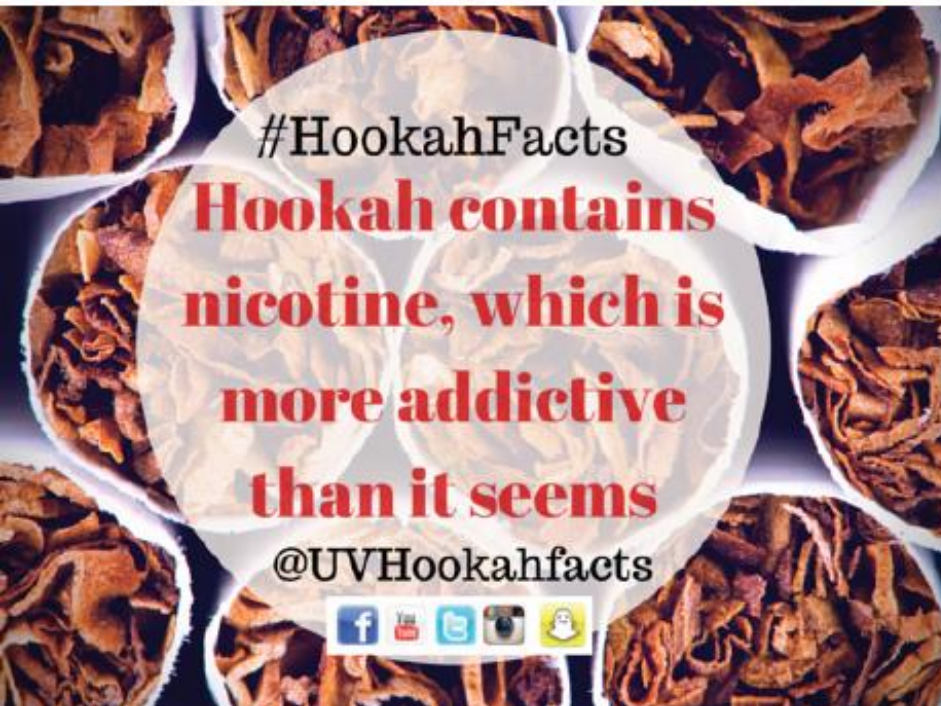
@UVHookahFacts



#HookahFacts

Hookah contains nicotine, which is more addictive than it seems

@UVHookahfacts





Put Down The Pipe

#hookahFacts

**Hookah
Isn't
LIFE!**

@UVhookahfacts



**CADA JALON
HACE
LA VIDA
MAS
DIFICIL**



El average de una
sesión de Hookah
es una hora.

Una Hora
=
200 Cigarrillos

Afecta la
fertilidad de
el esperma.

Causa abortos
involuntario y
nacimiento prematuro.

@UVHookahFacts



#HookahFacts
La Hookah

**contiene nicotina y
causa mas adicción
de lo que crees**

@UVHookahfacts



Baja La Pipa

#hookahFacts

Eso

No Es

VIDA!

@UVhookahFacts



#HookahFacts

HOOCAH AFECTA

EL DESAROLLO

DEL ESPERMA

@UVHookahFacts





MAPPING

Mapping over 70 delis and shops that sell hookah products

Participants encouraged deli and shop owners to post and advertise similarly to other tobacco products.



HEALTH AND HOOKAH

Discussed perceptions of hookah's impact on the body and on the community.

CLEANING AND BUYING HOOKAH

How can we consume hookah in a safer way? How do you reduce the harm and risk of infection through cleaning your products?



#Hookahfacts

<http://tinyurl.com/zh7sqzl>

To smoke or not to smoke? Viewers make decisions and learn the consequences of each action by staying at a home get together.



Hookah Menos Riesgo

<http://tinyurl.com/z7upsde>

A house party is underway and newbies to hookah are learning several truths on hookah and better ways to smoke.

Lessons learned

1. A High Need for Youth Employment
2. Youth led- not informed- spaces
3. Need for a Family targeted campaign, particularly on maternal health
4. Addressing generational and migrational gaps on smoking
5. Campaign duration and follow up activities



A photograph of a community meeting in a room with a wooden floor and a drop ceiling. Several large, round, white paper lanterns hang from the ceiling. In the background, there are colorful balloons (green, blue, red) and a small table covered with a white cloth. A man in a white shirt and jeans stands on the right, facing a group of people seated on the left. A purple semi-transparent box is overlaid on the left side of the image, containing text.

Questions?

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Presenter

Biographies

David A. Albert, DDS, MPH is Director of Community Health and Associate Professor of Clinical Dentistry and Public Health at the Columbia University School of Dental and Oral Surgery, and the Joseph Mailman School of Public Health at Columbia University. He has extensive expertise in the design and development of complex projects and collaborations. Dr. Albert is Principal Investigator and director of the Columbia/Aetna research project, which conducts national studies of dental clinician practice behaviors and opinions. He developed and directed the Advanced Education in General Dentistry program at Columbia University. He is Director of the Dental Public Health post-doctoral program. He implemented the dental service of the Ambulatory Care Network of Presbyterian Hospital and now directs the Fort Washington Dental Service where he maintains a geriatric dental practice within the community of Washington Heights/Inwood in Northern Manhattan. Dr. Albert is course director for Dental Infectious Diseases (Cariology) and the Oral Health Care Delivery System courses at Columbia University. In 2014 Dr. Albert was selected to lead the NYP Performing Provider System (PPS) tobacco cessation program. The program is funded by New York State and will integrate tobacco cessation services into primary and behavioral health services within the NYPH Ambulatory Care Network and the New York State Psychiatric Institute. The comprehensive program is training clinicians, hiring behavioral health tobacco cessation counselors and working to reduce tobacco use in the community.

Katherine Diaz is the Program Director for the Health Promotion Programs at the Dominican Women's Development Center. For the last 8 years, she has managed a diverse unit of programming and integrated community organizing values through the creation of the Uptown's Voices Project. In addition, Katherine has extensive experience in curriculum development, HIV/AIDS and sexual health education and counseling. Katherine is a native and current resident of Washington Heights with ten years of non-profit and grassroots organizing experience.

Thank you for attending!!!

<http://www.nyp.org/pps/resources/pps-webinars>